

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10695 077**  
APPLICANT(S)

FILING DATE  
**10-28-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11	1					
12		①				
13	1	①				
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50						
TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						